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		HEALTH EDUCATIONS and ACCESS TO HEALTH SERVICES	

This Administrative Regulation is to be made available in law libraries or other inmate resource centers.

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SUMMARY of REVISION/REVIEW

Incorporated ARs 115.07 and 115.11. Section II.E. added language for Telehealth. Section II.K. added labels for identification. Updated reference to AR 210.01.

APPROVED:



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PURPOSE

To ensure inmates are provided unimpeded access to health care services and health education programs.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) that inmates be provided unimpeded access to health care services and that an ongoing program of health education and wellness is provided to all inmates. This policy applies to all institutions.

PROCEDURES

I. HEALTH EDUCATION

- A. The goal of health education shall be to effectively inform the inmate population regarding health care topics and to encourage them to take responsibility for their own health care. All institutions are encouraged to utilize available health information and materials such as video, pamphlets, brochures, etc. This information should be current and in keeping with the health concerns of the general public and be coordinated with the Community Health Educator. Each institution should consider topics applicable to their respective populations.
- B. Health education and wellness topics may include but, are not to be limited to, information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, substance abuse, smoking awareness, family planning, self-care for chronic conditions, self-examination, and the benefits of physical fitness. Topics on the subject of AIDS and Hepatitis must be approved through the Infection Control nurse, Director of Nursing and NDCS Medical Director.
- C. In collaboration with NDCS Health Service Staff and the community partners, health education will be provided to the inmates.
- D. Documentation of Health Education provided to inmates is located in the progress notes of the individual receiving the education. Areas identified for the education include subject matter, outline of education provided, and how the inmate interprets the information given. This will be placed in the individual medical record at the end of the class provided.
- E. The Community Health Educator will report to the Director of Nursing.

II. ACCESS TO HEALTH SERVICES

- A. ACCESS and GRIEVANCES (secure institutions and community corrections centers as specified)

Inmates are provided unimpeded access to health care and a system for processing complaints regarding health care. These policies are communicated orally and in writing to inmates upon arrival at the reception facility and are translated into a language clearly understood by each inmate.

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B. SICK CALL

1. The process for all offenders to initiate requests for health services on a daily basis is the utilization of the Inmate Interview Request Form. Health Services Request form will be used in place of the Inmate Interview Request Form in those institutions employing Open Sick Call. These requests are triaged daily by health professionals per a priority system that addresses routine urgent and emergency complaints. Clinical services are available to inmates in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional.
2. If an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.

C. RESTRICTIVE HOUSING STATUS

1. Custody staff shall inform health care personnel immediately upon transfer of an inmate to any restrictive housing status as defined in A.R. 210.01, *Restrictive Housing*.
2. Custody Staff shall announce and record the presence of health care personnel upon entrance into the restrictive housing unit.
3. Health Care professionals will provide an assessment or review within the unit upon being notified of the transfer.
4. Health care professionals shall perform daily rounds in restrictive housing units, unless medical attention is needed more frequently.
5. Health Care professionals will make a door to door visit within restrictive housing units to assure each inmate has the opportunity to access Health Services daily.
6. A Physician's Assistant, Nurse Practitioner or Physician shall visit restrictive housing units at least monthly. A Physician shall visit restrictive housing units annually at a minimum.

D. CONTINUITY of CARE (secure institutions and community corrections centers)

(Secure institutions) Continuity of care is required from admission to transfer to discharge from the facility, including referral to community care when indicated.

E. SPECIALIST CARE (secure institutions)

Arrangements are made with health care specialists in advance of need. Specialist care may include Telehealth.

F. HOSPITAL, INFIRMARY and OTHER HEALTH CARE FACILITIES

1. Patients who need health care beyond the resources available in the facility, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or

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available 24 hours per day. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually.

2. Inmates are provided access to NDCS infirmaries which includes at a minimum:
 - a. Definition of the scope of infirmary care services available.
 - b. A physician on call 24 hours a day.
 - c. Health care personnel with access to a physician or Registered Nurse.
 - d. Health care personnel on duty 24 hours per day.
 - e. All inmates/patients within sight or sound of a staff member.
 - f. A manual of nursing care procedures.
 - g. An infirmary record that is a separate and distinct section of the medical record.
 - h. Compliance with applicable State statutes and local licensing requirements.

G. TRANSPORTATION FOR ACCESS TO HEALTH SERVICES

A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:

- prioritization of medical need
- urgency (for example, an ambulance versus a standard transport)
- use of a medical escort to accompany security staff
- transfer of medical information

The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and out the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the Warden or Program Administrator and the Health Services Administrator (TSCI) or Chief Operating Officer.

H. CHRONIC (see Medical Protocol 16) and CONVALESCENT CARE

1. Chronic and convalescent care will be made available to inmates.

There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review.

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2. Medical preventative care is provided to inmates of the facility when medically indicated.

I. INDIVIDUAL TREATMENT PLANS

1. Secure institutions provide a special health program for inmates requiring close medical supervision. A written individual treatment plan for those inmates requiring close medical supervision, including chronic and convalescent care.

The plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, is developed for each such inmate by the appropriate physician, dentist, or qualified mental health practitioner. Exercise areas are available to meet exercise and physical therapy requirements of individual offender treatment plans.

2. (As appropriate) Program staff is informed of inmates' special medical problems. Staff is also informed of any physical or mental problems that might require attention.
3. NDCS is not responsible to correct every medical condition of each inmate, unless otherwise approved by the Deputy Director, Health Services.

J. DENTAL CARE

Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

1. Dental screening conducted within seven days of admission, unless completed within the last 90 days.
2. A full dental examination by a dentist within 30 days
3. Oral hygiene, oral disease education and self-care instruction are provided by a qualified health care provider within 30 days.
4. A completed defined charting system that identifies the oral health condition and specifies the priorities for treatment by category.
5. Consultation and referral to dental specialists, including oral surgery, is provided, when necessary.

K. MEDICAL and DENTAL ADAPTIVE DEVICES

Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.

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Any device provided will within reason, be appropriately labeled to identify the inmate in which the devices were issued. The label must include at least the following information:

1. Inmate name
2. Inmate number
3. Type of device
4. Expiration date of issuance

L. ORGAN DONATION BY INMATES

This procedure only applies to living inmates.

1. Organ donations by inmates are only permitted when the recipient is an immediate member of the inmate's family. The inmate must request consideration as a donor in writing to the NDCS Deputy Director, Health Services. A written request must be received from the potential recipient's physician requesting consideration of the inmate as a donor. Authorization to screen the inmate as a potential donor will be made through a joint decision of the NDCS Director and Deputy Director, Health Services.
2. The inmate must sign a statement indicating the desire to donate an organ to the specific relative prior to the initiation of the evaluation. The consent must state the inmate understands the potential complications of the procedure and the inmate agrees to the procedure at his/her own free will.
3. When a surgical procedure is planned, all costs including preoperative evaluation, transportation, surgery, hospitalization, post-operative expenses, etc. are not the responsibility of the NDCS Medical Department unless prior approval by the NDCS Director and Deputy Director, Health Services is documented. (See Medical Protocol #2)

M. ORGAN TRANSPLANT

1. NDCS ordinarily will not provide organ transplantation to inmates if other means of treatment are available and effective.
2. If medically indicated, the attending physician will submit a medical summary and written request to the NDCS Deputy Director, Health Services. This request will include a complete documentation of the inmate's history, present status, medical diagnosis, prognosis and request for consideration of transplant procedure.
3. The case will be presented to the NDCS Medical Staff.
4. The final disposition on organ transplantation will be a joint decision between the NDCS Director and Deputy Director, Health Services.

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N. ELECTIVE SURGERY

Elective surgery shall not occur unless approved by the NDCS. Deputy Director, Health Services. All expenses incurred for the elective procedure will be the responsibility of the inmate unless otherwise approved. (See Medical Protocol #2)

1. Elective medical and dental services are those which:
 - a. Are provided for cosmetic reasons.
 - b. Are not necessary to maintain an inmate's basic physical health.
2. Non-elective medical and dental services are those which:
 - a. Are necessary to prevent death, or
 - b. Are necessary to prevent or treat acute traumatic injury, or
 - c. Are necessary to prevent or treat a chronic or acute disease, or
 - d. Are necessary to treat a physical disability which seriously impairs the inmate's use of sight, hearing, limbs, or otherwise seriously impairs ability to engage in gainful activity.
 - e. Are necessary to alleviate pain which is substantiated by some objective findings
 - f. Are necessary to monitor the inmate's health and evaluate health care needs

O. INFORMED CONSENT

All informed consent standards in the jurisdiction shall be observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accord with State and Federal laws and regulations. Otherwise, any inmate may refuse (in writing) medical, dental, and mental health care.

1. Before rendering medical treatment to an inmate, a medical professional should inform the inmate of the potential adverse consequences of such medical treatment and give the inmate an opportunity to refuse the medical treatment or to accept the treatment. Where the potential adverse consequences of the proposed medical treatment are significant or the probability that adverse consequences are high, then the physician should note the potential adverse consequences in writing and obtain the inmate's signature on the notification, acknowledging its receipt and his/her consent to submit to the treatment. The decision of when such information or notifications should be given rests with the treating medical professional.
2. The informed consent of an inmate in a correctional facility shall be obtained before medical treatment is rendered. Medical treatment may be given to an

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inmate against his/her will only by court order or as provided in paragraph XIV.C.

3. The right of a mentally competent inmate to refuse medical treatment must be respected, no matter how seriously threatened his/her health may be as a result of that refusal except that under one or more of the following conditions, treatment may proceed without such informed consent:
 - a. Where the inmate has contracted a contagious illness or venereal disease which, in the opinion of the physician, represents a health threatening condition for the general inmate population of the facility, or
 - b. Where the inmate is suicidal or not mentally competent to render a reasonable decision on his/her own behalf, or
 - c. Emergency care involving patients who do not have the capacity to understand the information given.

P. OBSTETRICS, GYNECOLOGICAL, FAMILY PLANNING and HEALTH EDUCATION

When and where applicable, obstetrical, gynecological, family planning and health education services should be provided. Pregnancy management shall include pregnancy testing, routine prenatal care, high-risk prenatal care, management of the chemically addicted pregnant inmate, comprehensive counseling and assistance, appropriate nutrition, postpartum follow-up and postpartum discharge family planning. No abortion services shall be provided to inmates and no public funds shall be expended to assist inmates in community centers to receive abortions in the community.

Q. CONDOMS and BIRTH CONTROL PILLS

1. Condoms

- a. Condoms will be made available to inmates by request only when discharged, paroled or furloughed from NDCS Institutions and will be dispensed by personnel from a central point determined by the Warden within the Institution. The primary reason for distribution is to prevent disease transmission and for purposes of family planning and birth control.
- b. Within NDCS Institutions, condoms are considered to be contraband and will be confiscated from all inmates entering NDCS Institutions whether new admissions, returns from discharge, parole, or furloughs.
- c. Inmates transferring from NDCS Institutions to Community Corrections Centers will not be issued condoms.
- d. Pre-release education programs will be offered to all inmates regarding infectious disease control and use of condoms.

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2. Birth Control Pills

- a. Birth Control Pills may be issued to female inmates within institutions for health reasons upon a doctor's order, and not for the purpose of family planning or birth control.
- b. Additionally, upon request, inmates may access the Elective Procedure Protocol (#2) to receive family planning and prescribed birth control pills 30 days prior to discharge or parole. They are not to be made available to inmates in anticipation of a furlough.

R. NURSERY

In institutions where nursing infants are allowed to remain with their mothers, provisions are in place for a nursery, staffed by qualified persons, where infants are placed when they are not in the care of their mothers.

REFERENCE

I. ATTACHMENTS - None.

II. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Standards for Adult Correctional Institutions (ACI) (4th edition): 4-4344, 4-4346, 4-4347, 4-4348, 4-4349 4-4350, 4-4352, 4-4353, 4-4359 4-4360, 4-4361, 4-4375, 4-4397, 4-4398. 4-4400, 4-4407
- B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-01, 4-ACRS-4C-03, 4-ACRS-4C-11, 4-ACRS-4C-14, 4-ACRS-4C-19, 4-ACRS-5A-10, 4-ACRS-7D-26